

Remarks:\_\_\_\_

## Food Establishment Plan Review Application

Meets the Michigan Food Law requirement for a transmittal letter to be submitted with the plans. Establishment Name: Address, City, Zip: Establishment Phone: Between \_\_\_\_\_ & \_\_\_\_ street Location Information: Prior Establishment Name: Food Service Equipment Supply Co. Owner Name \_\_\_\_\_ Address Address City, State \_\_\_\_\_ City, State\_\_\_\_\_ Zip \_\_\_\_\_ Phone # \_\_\_\_ Zip \_\_\_\_\_ Phone #\_\_\_\_ Fax # E-Mail Fax # \_\_\_\_\_ E-Mail \_\_\_\_\_ **General Contractor** Architect Name Name Address \_\_\_\_\_ Address \_\_\_\_\_ City, State \_\_\_\_\_ City, State \_\_\_\_ Zip \_\_\_\_\_ Phone # \_\_\_\_ Zip \_\_\_\_\_ Phone # \_\_\_\_ Fax # E-Mail Fax # \_\_\_\_\_ E-Mail \_\_\_\_ Which of the above will serve as the primary contact? Which of the above should all correspondence be mailed to? Proposed construction start date: \_\_\_\_\_\_ Proposed opening date: \_\_\_\_\_ For reviewing agency use only: Fee \$: \_\_\_\_\_ Check #: \_\_\_\_ Receipt #: \_\_ Plan Review #: Assigned to:

www.michigan.gov/mda, keyword: Food Plan Review - Industry

## **General Information**

Hours of Operation:				
Seating Capacity (include bar):		Facility Size (square feet):		
Minimum staff per shift:		Maximum staff per shift:		
Re	a: New establishment Remodeling Conversion		What describes the establishment better?  On-site Preparation Serving Site	
Will part of the operation be ou	ıtdoors (bar, din	ing, storage, co	oking, etc.)? Yes No	
If yes, explain:				
Type of Operation (check all t	hat apply)			
A. Restaurant Related Sit down meals Counter Cafeteria Fast food Bar with food prep  B. Grocery Related Grocery store Fresh Meat Seafood / fish Deli Ice production / packaging Produce  Please summarize the propose		enu dor ocessing h	Buffet or salad bar Tableside / display cooking Hospital Bottling alcoholic beverages Special transitory food unit  Wholesale foods Repackage / processor of: Water bottling Bottling alcoholic beverages	
I certify that the plan review appli	cation package su	ubmitted is accur	ate to the best of my knowledge.	
Signature of owner or representa	tive		Date	
Please print name and title here				